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May 8, 2006

from **JOHN D. REED**

Direct: 937-449-6453 / Fax: 937-223-0724 / john.reed@dinslaw.com

To: Examiner Meredith C. Petravick**Firm:** COMMISSIONER FOR PATENTS**Fax Number:** 571/273-8300**Client Number:** TRB 0001 PA/41128.2**Pages:** 5
(including cover)**Comments:** *OFFICIAL**OFFICIAL*

Applicant : Albert A. Wray
Serial No. : 10/781,116
Filed : February 18, 2004
Title : LINKED MODE FOR A MULTI-AXIS MACHINE
CONTROL
Art Unit : 3671
Conf. No. : 1954

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008, OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 150.00

Complete if Known

Application Number	10/781,116
Filing Date	02/18/2004
First Named Inventor	Albert A. Wray
Examiner Name	Meredith C. Petravick
Art Unit	3671
Attorney Docket No.	TRB 0001 PA/41128.2

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METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
39	3	50	150			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
6	0	0	0			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	Registration No. 46,506	Telephone (937) 449-6400
Name (Print/Type) John D. Reed	(Attorney/Agent)	Date 05/08/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 Examiner Name Meredith C. Petravick
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☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments
 under 37 CFR 1.16 and 1.17

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Multiple dependent claims	360	180

Total Claims 39 - 20 or HP = 3 x 50 = 150
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims 6 - 3 or HP = 0 x 200 = 0
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
<u>39</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature _____	Registration No. 46,506 (Attorney/Agent)	Telephone (937) 449-6400
Name (Print/Type) John D. Reed		Date 05/08/2006

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Application of

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Conf. No. : 1954

Commissioner for Patents
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I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark
Office (Fax. No. 571/273-8300) on May 8, 2006

Attorney John D. Reed

Reg. No. 46,506

Sir:

RESPONSE TO NOTICE REQUIRING EXCESS CLAIMS FEES

This paper is being filed in response to the Notice Requiring Excess Claims Fees dated April 19, 2006. In compliance with 37 CFR 1.16(h)-(j) or 1.492(d)-(f), please find enclosed a Fee Transmittal (PTO/SB/17) and a Credit Card Payment form (PTO-2038) for \$150.00 for the excess claims filed on April 10, 2006.

REMARKS

We apologize for the oversight, and if the Examiner has any questions or comments regarding the present application, please contact the undersigned at the telephone number below.

Respectfully submitted,
DINSMORE & SHOHL L.L.P.

By

John D. Reed

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